

## POST-CONCUSSION SYNDROME

### I. BACKGROUND

A clinical syndrome characterized by headache, dizziness, memory dysfunction, depression, etc., that follows head trauma of variable severity. There is little relationship between the serious nature of the trauma and the severity and the time duration of the symptoms.

### II. DIAGNOSTIC CRITERIA

Persistent dysfunctional state following head trauma without clinical or laboratory sign of serious intracranial or cervical spine disorder.

A. Appropriate Diagnostic Tests and Evaluations (many of the tests will have been performed during the acute management of the cranial trauma).

1. Neurological or neurosurgical examination
2. MRI Scan, generally non-contrast
3. EEG could be used when determined appropriate by consulting neurologist or neurosurgeon.
4. Cervical spine films (question of associated cervical injury)
5. Neuropsychological testing 4 weeks postconcussion

### III. TREATMENT

A. Outpatient (the condition does not warrant inpatient care).

#### B. Symptomatic Therapy

1. Analgesia
2. Medication for labyrinthine dysfunction
3. Narcotic medication is rarely indicated

#### IV. ESTIMATED DURATION OF CARE

Variable, but return to work anticipated in four weeks or less. There is rarely an indication for a more protracted period out of work.

#### V. ANTICIPATED OUTCOME

1. Full recovery
2. There may be some residual symptomatology that will limit the character of work performed. Example: dizziness that might make exposure to heights, moving machinery, etc., impractical.

#### PROTOCOL HISTORY:

Passed: 9/01/92  
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